

**Please print all information. Use Black Ink (ONLY).**

**SPRING 2004 CO-RECREATIONAL ROSTER**

City of Tempe Parks and Recreation  
Sports League Registration / Roster Form

TEAM NAME: \_\_\_\_\_

MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

(H) PHONE: (\_\_\_\_) \_\_\_\_\_ (W) PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ PAGER: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance."

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| OFFICE USE ONLY / VERIFICATION OF TEMPE RESIDENTS |                      |                                      |
|---|----------------------|--------------------------------------|
| Registration Status: 50%                          | Tempe Business       | -50% Open                            |
| <i>Tempe Residents</i>                            | <i>Non-residents</i> | <i>Percentage of Tempe Residents</i> |
|   |                      | <b>0%</b>                            |

| Team Roster: Name | Address | City | Zip | Home Phone | Work Phone | E-mail |
|-------------------|---------|------|-----|------------|------------|--------|
| 1) Manager:       |         |      |     | ( )        | ( )        |        |
| 2) Asst. Manager: |         |      |     | ( )        | ( )        |        |
| 3)                |         |      |     | ( )        | ( )        |        |
| 4                 |         |      |     | ( )        | ( )        |        |
| 5                 |         |      |     | ( )        | ( )        |        |
| 6                 |         |      |     | ( )        | ( )        |        |
| 7                 |         |      |     | ( )        | ( )        |        |
| 8                 |         |      |     | ( )        | ( )        |        |
| 9                 |         |      |     | ( )        | ( )        |        |
| 10                |         |      |     | ( )        | ( )        |        |
| 11                |         |      |     | ( )        | ( )        |        |
| 12                |         |      |     | ( )        | ( )        |        |
| 13                |         |      |     | ( )        | ( )        |        |
| 14                |         |      |     | ( )        | ( )        |        |
| 15                |         |      |     | ( )        | ( )        |        |
| 16                |         |      |     | ( )        | ( )        |        |
| 17                |         |      |     | ( )        | ( )        |        |
| 18                |         |      |     | ( )        | ( )        |        |
| 19                |         |      |     | ( )        | ( )        |        |
| 20                |         |      |     | ( )        | ( )        |        |
| 21                |         |      |     | ( )        | ( )        |        |
| 22                |         |      |     | ( )        | ( )        |        |
| 23                |         |      |     | ( )        | ( )        |        |
| 24                |         |      |     | ( )        | ( )        |        |
| 25                |         |      |     | ( )        | ( )        |        |